

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST	(1)			
NAME (Last)	(First)	(Middle)	TELEPHONE	
Matsunaga	Joel		546-3877	
MAILING ADDRESS (Street)			FAX	
1177 Bishop Street			546-8500	
(City)	(State)		(Zip Code)	
Honolulu	Hawaii		96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)		TELEPHONE		
Hawaiian Telcom, Inc.			546-3877	
MAILING ADDRESS (Street)			FAX	
1177 Bishop Street			546-8500	
(City)	(State)		(Zip Code)	
Honolulu	Hawaii		96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU	TELEPHONE		
Hawaiian Telcom Commu	546-3877		
MAILING ADDRESS (Street)		FAX	
1177 Bishop Street	546-8500		
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
JoAnn Yosemori		546-3868	
MAILING ADDRESS (Street)		FAX	
1177 Bishop Street		546-8500	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	

PART III DESCRIPTION	OF SUBJECTS UPON WH	IICH YOU EXPECT TO LOBBY	Y
☐ Agriculture	Education	☐ Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	🗹 Labor & Employment	☐ Transportation
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections	
	ON OF LOBBYIST		
I hereby certify that the	∍ information furnished abov	ve is, to the best of my knowledg	ge, correct and complete.
And &			1-3-07
1	(Signature of Lobbyist)		(Date)
	y .3		(Date)
PART V AUTHORIZATION	ON TO LOBBY		
NAME AGTIONALE	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED		
Michael S. Ruley	Chief Executive Officer		
•		Offici Excounty Officer	
NAME OF ORGANIZATION (if a	pplicable)		TELEPHONE
Hawaiian Telcom, Inc.			546-3868
MAILING ADDRESS (Street)			FAX
l			
1177 Bishop Street			546-8500
(City)	(State)	((Zip Code)
•	(State) Hawaii	·	
(City) Honolulu	Hawaii	·	 (Zip Code) 96813
(City) Honolulu I hereby authorize the	Hawaii	ngage in lobbying activities on b	 (Zip Code) 96813